V. S. No. 1

X'	of infor-
2	item (
	Every
	RECORD.
BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
OR	K
F	IS
SERVED	INK-THIS
MARGIN RESERVED FOR BINDING	UNFADING
	WITH
1	PLAINLY,
5. No. 1	B.—WRITE
, N	ż

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MA

ARYLAND—CERTIFICATE OF DEATH	09159
------------------------------	-------

1. PLACE OF DEATH						23	01
CountyWicomico						Registration Dist. No.	33
Village or City Salisbury, Md.						No. 604 Survou St.	9 Ward
	44.)					death occurred in a hospital or institution, give its NAME instead of street and not death. How long in U.S. if of foreign birth?yrsmos	
:	2. FULL NA	MEGe	orge-	Walter	Bau	ley	
	(a) Residen	ce: No@	0.4 Un	ion (Usual place o	f abode) Sal	St. Ward. If nonresident give city or town and S	State
	PERSON	IAL AND STA	TISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX	4. COLOR OR RAG			1ED, WIDOWED, (write the word)	21. DATE OF DEATH	5
_	Male	Colore		Marri		(Month) (Day)	(Year)
5a	. If married, widow HUSBAND of (or) WIFE of	red, or divorced				22. I HEREBY CERTIFY, That I attended d	lassand from
	(or) WIFE of	husband	of He	elen E.	Walters		eceased from
6	DATE OF BIRTH	(month, day, and year	Me	r. 2	1892	I last saw halive on	death is said
	AGE Yea			Days	If LESS than	to have occurred on the date stated above, at	, douth 13 June
	43	5		16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera as follows:	
-	8. Trade, profes	ssion, or particular			, or min.	weia as follows.	Date of onset
OCCUPATION	SAWYER,	ssion, or particular vork done, as SPINN , BOOKKEEPER, atc	ER, CC	mmon I	abor	Helmanna teles-	1935
PA	Industry or work was	business in which s done, as SILK MILL L, BANK, atc				and the same of	
200		.L, BANK, atc ed last worked at		11. Total tir	(grany) an		
0	this occu	pation (month and	19-3F	11. Total tir spen occur	in this		
		Om	ancoc			Othar Contributory Causes of Importance:	
12	. BIRTHPLACE (cit (State or cour	ty or town)	Va.				
ER	13. NAME	Leven		rs			~~
FATH	14 BIRTURI ACE	0	nanco	ck		Name of operation Date of	
FA		(city or town)	Va.			What test confirmed diagnosis?	uloneu?
ER	15. MAIDEN NA	ME Gra	ce Ba	illey		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16 BIRTHPLACE	(city or town)	Onanc	ock		Accident, suicide, or homicide? Data of injury	
×	(State or					Where did injury occur?	
Louise Jackson						(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
	(Address)	Justos.	m.n	d			
18	-	ION, OR REMOVAL		Que	1 2 76	Manner of injury	
-	Place	our m		ate July	20 19 35	Nature of injury	
19	. UNDERTAKER	Chas.	est	wrne	l	24. Was disease or injury In any way ralated to occupation of deceased?	42
_	(Address)	Snow	Hil	my	1	If so, specify	
20	FILED King	19,1933	- &-	May	Jusne	(Signed) January	M. D.
N.	- 1			1	Registrar.	(Address)	
		1	J more blani	es are néeded, ac	aress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						
		1				

	infor-	state
)	item of	plnods
	Every i	CIANS
	CORD.	PHYSI
rh	NT RE	LY.
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR B	IS A PI	stated I
VED	-THIS	ald be
ESER	INK	E sho
IN R	ADING	d. AG
MARG	UNE	supplie
	WITH	efully
	NLY,	be car
	PLA	Plnous
	WRITE	nation s
-		H

N. B.—WRITE PLAINLY,

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

1. PLACE OF DEAT		JE MAK	TLAND-	CERTIFICATE (OF DEAT	U	9160
County Wicom				Registration Dist. No. 330			50
	Mardela	R.D	<u> </u>	At-		St. 110	
Village or City			8 (1	No f death occurred in a horpital or institut	ion, give its NAME i	nstead of street and	War l number)
Length of residence in cit	y or town where	death occurred		sds. How long in U.S. if of			
2. FULL NAME	Smanel	S.Baile	V				
(a) Residence: No.				St. Ward.			
(a) Nosidonoc. No		(Usual place	of abode)		If nonresident giv	ve city or town an	nd State
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CI	ERTIFICATE	OF DEATH	
3. SEX 4. COLO	R OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	August	7th, I	935
Male W	hite	Marr		***************************************	(Month)	(Oay)	(Year)
5a. If married, widowed, or divor		001700				~	
(or) WIFE of	ncy C. E	arrea			CERTIFY		d deceased fro
A DATE OF BIRTH (washin Ja	eb 25	1859		Eny 5		; death is sa
6. DATE OF BIRTH (month, day 7. AGE Years	, and year) Months	Days	If LESS than	to have occurred on the date state	d above, at 34		; ueatn is sa
76	5	13	1 day,hrs.				
4 6 7 1 4 4 4 4		1 10	ormin.	were of follows:	02	-	Oate of onse
No. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	S SPINNER,	27(3)(1)		· willow	may F		1934
Industry of husiness in	which	Tarmer			8		
work was done, as S SAW MILL, BANK, e	ILK MILL, tc						
10. Date deceased last wor this occupation (mor	ked at ith and	11. Total t	ime (years) nt in this				
year)		0031	pation	Other Contributory Causes of impo	rtance ·		**
12. BIRTHPLACE (city or town).	Maryl	and	***************************************	- Contraction of this			
(State or country)							
13. NAME Matth 14. BIRTHPLACE (city or to		iley					
14. BIRTHPLACE (city or to	wn) lary	land		Name of operation		Oate of	
(State of country)				What test confirmed diagnosis?		Was there an	au!opsy?
15. MAIOEN NAME MA.	ry Brad			23. If death was due to external cau	ses (VIOLENCE) fill i	n also the follow	ng:
15. MAIOEN NAME MA.		yland		Accident, suicide, or homicide?	Da	te of injury	, 19
∑ (State or country)				Where did injury occur?			
17. INFORMANT Mildred Howard				Specify whether injury occurred in	(Specify city or to INDUSTRY, in HOM	wn, county and St E, or in PUBLIC P	LACE.
	ardela,	Md. R	.D.				
18. BURIAL, CREMATION, OR R		nate Aug	ust 9, 19	5 Manner of injury			
	0			wature of mjury			
13. UNDERTAKEN		r & Bro)	24. Was disease or injury In any w	ay related to occupati	on of deceased?	
(Address)	harptow	111, /1/4.	2	If so, specify	4.1.1.		
20. FILED 119 8 , 1	95 m	1 telyns	Jarry	(Signed)	harp	1- m 7	ud M.
	1	Ry	Un Registrar.	(Address)			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SEP 3 1995				
Other contributory rauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town

(State or country)

15. MAIDEN NAME

(Address) 18, BURIAL, CREMATION, OR

17. INFORMANT

19. UNOERTAKER (Address) 09161

	(81·a)	600
nic.	Registration Dist. No.	333
I had	() () () () () () ()	10
string //	No. Ocurred in a hospital or institution, give its NAME instead of street an	Ward ward
where death occurredwrsmos.		
1 - 3 (8 '0		
arow July	If U.S. Veteran specify WAR	1
L	St. Ward. Sanford	, Sa
(Usual place of abode)	If nonresident give gity or town a	nd State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
CE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	Jugust +7	, 193
a surge	(Month) / (Oay)	(Year)
	22/1 HEREBY CERTIFY, That I attende	ed daceased from
	wy 23 1935 tolly 327.	203ct
(1.192 1091	I last saw h. esty alive on Oy 3 71, 193	death is said
July 13 1720	, 6 4	; Geath is said
the Oays If LESS than 1 day,	to have occurred on the data stated above, at 1.2m.	
/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
		Date of onset
IER,	1	122 20
	Blowna	- de la Com
L,	/	
11. Total time (years)		
spant in this occupation		
and and	Other Contributory Canses of Importance:	
angua de	foff f f f	(430.2)
centro da	cm'o une journ	/
us 13 anly	<u> </u>	
dankeret	Name of operation Oate of	
acda for Va	What test confirmed diagnosis? Was there a	n autopsy?
Jusia dil-14 lini	23. If death was due to external causes (VIOLENCE) fill in also the follow	
De la lacon		
les l'ouman	Accident, suicide, or homicide? Date of Injury	, 19
sugar to MA	Where did injury occur? (Specify city or town, county and S	itate)
- Berly	Specify whather injury occurred In INOUSTRY, In HOME, or in PUBLIC	PLACE.
Ac total 16		
or organization	Manner of injury	
Date 449 28 ,1935	Nature of injury	
1		
min du	24. Was disease or injury in any way thated to occupation of deceased?	
Partisley Van	If so, specify	
- Viltay Jurne	(Signed)	M. D.
Registrar.	(Address) Vally M	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	

should be carefully

WRITE

M

OF DEATH

very

00 CAUSE mation

LION

MOTHER important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	-I		Example II		
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis SF	P 6 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUR	FAU V. S	July 5, 1927	Peritonitis	3 days ago	
The same of the sa					
The state of the s					
Other contributory causes of imp	ortance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
33.27 E.3 jug 333.24 313707					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
N. B.—Wan

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09162
1. PLACE OF DEATH	46-6
County Milonie	Registration Dist. No. 333
Village or City Salustry Mid	No. 402 Jackson St., 3 Ward
	death occurred in a horpical or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME E. Elivroch Beauch	ranges Voteran specify WAR
(a) Residence: No. 402 Jackern	St. 13 Ward Talishy me
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aug. 24th 1935
5a. If marriad, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of da Beauchangs	22. I HEREBY CERTIFY. That I attended daceesed from 1975, to 1995
6. DATE OF BIRTH (month, day, and year) June 23 1896	I last sawh less elive on 1995; death is seld
7. AGE Years Months Days If LESS than	to heva occurrad on the deta steted above, at 4.52 Pm.
39 2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Trede, profassion, or particular kind of work done as SPINNER 9	
kind of work done, as SPINNER, well dure SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, Solved Bus SAW MILL, BANK, atc. 10. Data deceased lest-world at this of partier (morth and	Willmenal Becening Kuken;
9. Industry or business in which work was done, as SILK MILL, of Selver Branch	Juimay in small intestines. Guzo
SAW MILL, BANK, atc	- Durction & Reserver 3 mot stated
this occupation manth and 1935 spent in this year)	
12. BIRTHPLACE (city or town) Muterburg	Other Contributory Causes of importance:
(State or country)	
13. NAME James Frankelin Beauch	amo
13. NAME James Hantely Beauch 14. BIRTHPLACE (city or town) Whitehan y	Name of operation.
(State or country)	What test confirmed diagnosis? Alexand Wes there en eutopsy?
15. MAIDEN NAME amanga / Rucerte	23. If deeth was due to externel causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME UManda / Kucuke 16. BIRTHPLACE (city or town) Whiteshire,	Accident, śuicida, or homicide? Date of Injury, 19
S (Stata or country)	Where did Injury occur?
17. INFORMANTIN Jolan Bearlehang	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 402 Jacques S. Safarry 18. BURIAL, CREMATION, OR REMOVAL	
Pleca Taissus less Datelling 26 19/33	Manner of injury
19. UNDERTAKER Holloway + Col	Nature of injury 24. Was disease or injury in any way related to geoupation of deceased.
(Address) Salishy med,	If so, specify
20. FILED aug 26, 34 V. May Turne	(Signed) M. D.
Registrar. If more blanks are needed, address State Revistrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Zarampies.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis CEP B 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
	-11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

See instructions on back of

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	0	1	6	-1	
U	U	1	0	4	

Village or City Section for City or I be a second of the Comment of the City or I be an about a fooding of the Comment of the City or I be an about a fooding of the City or I be an about a fooding of the City or I be an about a fooding of the City or I be an about a fooding of the City or I be an about a fooding of the City or I be an about a fooding of the City or I be an about a fooding of the City or I be an about a fooding of the City or I be an about a fooding of the City of I	1	PLACE OF DEATH		50	
Village of City		County Hicoma	co	Registration Dist, No.	333
Length of rasidance in city or town where cash occurries. 2. FULL NAME (a) Residence: No. 31.5 (Uvas) position about 1 (Uvas		Village or City Lakes	bury	No. St	Ward
2. FULL NAME (a) Residence: No. 3/5 (Usua Indigit of Abods) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE (B) DUYORCED (SINGLE MARRIED, MIDOWED) OR DUYORCED (SINGLE MARRIED) S. II MARRIED, MIDOWED (Month) (Day) (Near) (Near) (Near) (Near) MEDICAL CERT IF Y. That I attended deceased from (On) hille of (On) hi		Length of rasidance in city or town where da	asth occurred — wrs — mos	death occurred in a hospital or institution, give its NAME instead of street and	number)
(a) Residence: No. 3 15 Methodo March Marc	,	1	0.0-		10505.
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED	-		21 - 1 0	4	· · · · · · · · · · · · · · · · · · ·
3. SIX 4. COLOR OR RACE OR DIVENTED WINDOWD OR DIVOKED OWN		(a) Residence. No. 370	(Usual place of abode)		d State
Date of BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profassion, or particular kind of work done as SPINNER, SMANNER, BOOKKEFER, etc. 9. Indistry or business in which shall be supported by the cocupation of the control of the cocupation			CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Sa. If married, widowad, or divorced (Month) (Day) (Year) 1. If married, widowad, or divorced (Cor) wife of Married (Cor) wife of M	3. 5	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)		_
BUSSAND of (or) WIFE of MA. Hellan & Busacket 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days H LESS than 1 day,hrs, ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Detectorist No SAWYER, BODKKE FER, etc. SAWYER, BODKKE FER, etc. SAWYER, BODKKE FER, etc. SAW MILL, BANK, etc. 11. Total time (years) spen in this cocupation (month and year) CState or country) Mary Saw (State or country) Mary Saw (Sta	4	emale White			
8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, alive on a year of the arrivation of the various of	5a.	HUSBAND of	2. 1.0	22. I HEREBY CERTIFY. That Lattandar	deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day,hrs. Ormin. 8. Trade, profession, or particular kind of work dome, as SPINNER, SAWER, BODKEEPER, etc. 9. Indivistry or businass in which SAW MILL, BANK, etc. 10. Date decessed also worked at the occupation (month and State or country) Mary Land 11. Total time (years) Spant in this Securation of the date stated above, at 20 m. The Principal LAUSE OF DEATH and relafact causes of importance ware as follows: Date of onest Date of onest Was the cause of limportance: Date of importance: Distributary Cases of Importance: Distributary Cases of Importance: What test confirmed diagnosis/ Cacaaaa autopsy? 23. If dasth was dua to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Mary Laud 15. MAIDEN NAME Carculary What test confirmed diagnosis/ Cacaaaa (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Mannar of injury Nature of inju		(01) WIFE OF MW. It eller	am S. Buracker	aug 11 1935 10 aug 21	10 21"
8. Trade, profassion, or particular min. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEP, etc. 9. Individual min of work done, as SPINNER, SAWYER, BOOKKEP, etc. 9. Individual min of work done, as SPINNER, sawyer and the work was a follows: 10. Date deceased in work at the work of the particular min of	6. I	DATE OF BIRTH (month, day, and year)	ene 5, 1869	I last saw here alive on any 2/ 1952	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER BOOKKEPER, etc. 9. Indistry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Use deceased last worked at this occupation (month and year) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURNAL CREMATION, OR REMOYAL Place Last Augure Date Augure Augure Date Augure Date Augure Augure Date	7. A	GE Yaars Months			
S. Trade, profassion, or particular side of work one as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Indicatory or businass in which work was dona, as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or businass in which work was dona, as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or businass in which work was dona, as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or businass in which work was dona, as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or businass in which work was dona, as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or businass in which work was dona, as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or businass in which work was dona, as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or businass in which work was dona, as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or businass in which work was sold in this occupation. Data of Importance: Carcuro of Borell Importance: Carcuro of Borell Importance: Carcuro of Borell Importance: Carcuro of Borell Importance: Data of Importance: Was that an autopsy? What tast confirmed diagnosis? Calcuro was full as the following: Accident, suicide, or homicide? Data of injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of injury Nature of Injury Nature of Injury Nature of Injury 19. UNDERTAKER of Hill of Ormson Co. (Address) 20. FILED May 29.33 by May May May May May Was accurately the following: 20. FILED May 29.33 by May May May May May Was accurately the following: (Address) Accurately the following: Carcuro of Importance: 12. BERTHPLACE (city or town) Data of Importance: 13. In dath was dua to extension of Importance: Was that as an autopsy? Accident, suicide, or homicide? Data of Importance: Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of injury Nature of Injury Nature of Injury (Signad) Was the same of Importance of Importance of Importance of				Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca ware as follows:	Deteclorest
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, DR REMOVAL Placefulacy 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Data of country Occupation Monar of injury Nature of injury Nature of injury in any way related to occupation of deceased? If so, specify (Address) Occupation M. D. Registran. (Address) Occupation Oc	NO	8. Trade, profassion, or particular kind of work done, as SPINNER,		, , , , , , , , , , , , , , , , , , ,	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, DR REMOVAL Placefulacy 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Cauchy 10. Cauchy 11. Cauchy 12. Data of country 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, DR REMOVAL Placefulacy 18. BURIAL, CREMATION, DR REMOVAL Placefulacy 19. UNDERTAKER 19. UNDERT	ATI	9. Industry or business in which	none	Careton y voy.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, DR REMOVAL Placefulacy 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Cauchy 10. Cauchy 11. Cauchy 12. Data of country 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, DR REMOVAL Placefulacy 18. BURIAL, CREMATION, DR REMOVAL Placefulacy 19. UNDERTAKER 19. UNDERT	CUP	work was dona, as SILK MILL, SAW MILL, BANK, etc	none		
Description occupation Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Description occupation of deceased? Description occupation occu	ÖC	1D. Date deceased last worked at this occupation (month and	enant in this	p14. 1./	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, DR REMOVAL Placeduray (Addrass) 19. UNDERTAKER 19. UNDERTAK		year)	occupation	Other Contributory Causes of Importance:	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Addrass) 18. BURIAL, CREMATION, DR REMOVAL Place Let ay (Addrass) 19. UNDERTAKER (Addrass) 20. FILED 11. Data of Auch (State or town) (State or town) (Specify city or town, county and State) (Addrass) (Addrass) (Addrass) (Addrass) (Addrass) (Specify city or town, county and State) (Addrass)	12.		limore		
15. MAIDEN NAME Caroline Tourish Gaehle 23. If daath was dua to external causas (VIDLENCE) fill In also the following: 16. BIRTHPLACE (city or town)	01	A .	naryland	Carcerona of Wrend	Meather
15. MAIDEN NAME Caroline Tourish Gaehle 23. If daath was dua to external causas (VIDLENCE) fill In also the following: 16. BIRTHPLACE (city or town)	HE	13. NAME Serves	Fachle		
15. MAIDEN NAME Caroline Jouish Grehle 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, DR REMOVAL Place Lisay (Addrass)	FAT		altemore		autum
Where did injury occur? 17. INFORMANT Hilliam H. Buracleu (Addrass) 315 New Josh We. Selectury, Ind. 18. BURIAL, CREMATION, DR REMOVAL Placetus ay Cent: Linguise Date Lug. 23, 19.35 19. UNDERTAKER The Hill of Johnson Co. (Addrass) 24. Was disaase or Injury in any way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of injury Nature of Injury 19. UNDERTAKER The Hill of Johnson Co. (Addrass) Salishard M. D. (Signad) (Signad) Mere did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Mannar of injury Nature of Injury (Signad) Mannar of injury (Addrass) Mannar of i	2	N D -	grange and	494 mm.	
Where did injury occur? 17. INFORMANT Hilliam H. Buracleu (Addrass) 315 New Josh We. Selectury, Ind. 18. BURIAL, CREMATION, DR REMOVAL Placetus ay Cent: Linguise Date Lug. 23, 19.35 19. UNDERTAKER The Hill of Johnson Co. (Addrass) 24. Was disaase or Injury in any way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of injury Nature of Injury 19. UNDERTAKER The Hill of Johnson Co. (Addrass) Salishard M. D. (Signad) (Signad) Mere did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Mannar of injury Nature of Injury (Signad) Mannar of injury (Addrass) Mannar of i	THE	-03	ouisa Jsehle.		
17. INFORMANT It Is a Company of the Company of State of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 315 New Josh are Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 4 Injury Date Aug. 23, 1935 19. UNDERTAKER The Hill Afformson Co. (Addrass) 24. Was disaase or Injury in any way related to occupation of deceased? 20. FILED 4 22, 335 4 Any June (Signad) The Registrer. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Mannar of injury Nature of Injury Nature of Injury (Addrass) 24. Was disaase or Injury in any way related to occupation of deceased? (Specify city or town, county and State) Mannar of injury Nature of Injury (Addrass) 3. 19.35 (Signad) 4. Was disaase or Injury in any way related to occupation of deceased? (Signad) 5. Mannar of injury Nature of Injury (Signad) 6. Mannar of injury Nature of Injury (Signad) 6. Mannar of injury Nature of Injury (Signad) 7. Mannar of injury (Address) 8. Mannar of injury Nature of Injury Nature of Injury (Signad) 7. Mannar of injury (Address) 8. Mannar of injury Nature of Injury (Address) 8. Mannar of Injury Nature of I	MO		maryland		, 19
(Addrass) 315 New Josh We. Selectory, Ind. 18. BURIAL, CREMATION, DR REMOVAL Place Leave Cene: Ringinia Date Aug. 23, 1935 19. UNDERTAKER The Hill of Johnson Co. (Addrass) Salishard, Mannar of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signad) The Mannar of injury Mannar of injury Nature of Injury (Addrass) Salishard, M.D. Registrar. (Address) Salishard, M.D.	17	MICORANI William 18	Blacker	(Specify city or town, county and Sta	ite)
Placestes ay Cent. linginia Date Aug. 23, 1935 19. UNDERTAKER The Hill of Johnson Co. (Addiass) Salishard, M.C., (Addiass) Salishard, M.C., 20. FILED Aug 22, 1935 (Signad) Low R. Mano. (Address) Salishard, M.D. Registrar. (Address) Salishard, M.D.	17.	74 74 0	leve. Solisbury, Ind.		
19. UNDERTAKER the Hill Aformson Co. (Addiass) Salishing, M. T. 20. FILED Aug 22, 33 L. May Jumes (Signad) Con R. Mana M. D. Registrar. (Address) Salishing M. D. (Address) Salishing M. D.	18.	N XX.	1 22 15	Mannar of injury	
20. FILED Aug 22, 19 35 L. May Junes (Signad) Lank Mana M. D. Registrar. (Address) Lawy M. D.		Placedisay Cent Miginus	Date (1119, 23, 1933	Nature of Injury	
20. FILED lug 22, 1935 le gray Junes (Signad) Low K. Mano M.D. Registrar. (Address) Salisby mg.	19.	UNDERTAKER The Hill for	Johnson co.	24. Was disaase or Injury in any way related to occupation of deceased?	>
20. FILED LOCA 1,79 & 19 Marie (Address) Lale by My		(Addiass) Salishing	y, mds.	G. Manin	
	20.	FILED lug 2003	- gray Jumes		M. D.
		If more bi			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
21710110801010615	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SE	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

1.	
BINDIN	
5	
\leq	
Ξ	
-	
~	
FOR	
\circ	
1	
Р	
团	
>	
3	
嵩	
띗	
RESERVED	
H	
4	
\mathbf{z}	
H	
Q	
MARGIN	
V	
Z	
-	

V. S. No. 1

09165 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		<u>(3)</u>
County / /	mice	Registration Dist. No. 33/
Village or City Length of residence In city or town v 2. FULL NAME	where death occurred thef	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
	ISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	word) 21. DATE OF DEATH (Mgs/h) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	25	22. I HEREBY CERTIFY, That I attended deceased from aug. 7 hr., 19.31, to aug. 12.19.33
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Mont	1 200 0 1131	I last saw h
8. Trada, profession, or particular kind of work dona, as SPINNE SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (meth and	R,	Rackets Oats of onset
10. Data deceased last worked at this occupation (month and year)	11. Total tima (years) spant in this occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) (Stata or country)	gobury.	Solid Countries of Amportance,
13. NAME John 14. BIRTHPLACE (city or town)	May Selver	Name of operation Date of
(State of country)	nd.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Man 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address)	et Nay	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place - Markelan - 2	nd. Date Aug 16,	Manner of injury
19. UNDERTAKER Missell (Address) Bival (20. FILED Lug / 6, 1936	me fin wal	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 4 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RES

4 1	STATE OF MARYLAND-	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(B)
V		Registration Dist. No. / 336
	Village or City Aldman	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Marka Davis	
	(a) Residence: No. Aire Strut	St.,Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
CA	Terrale what (releven)	(Mgath) (Day) (Year)
Sa.	If married, widowed, or divorced HUSBAND of	
	(or) WIFE of Stores Jefferson Dans	22. I HEREBY CERTIFY, That I attended deceased from
6.	DATE OF BIRTH (month, day, and year) Dec. 25-1868	i last saw h 2 alive on Par 15' 1925: deeth is said
7.	AGE Years MonWis Days If LESS than	to have occurred on the date stated above, at 2, 550m.
	66 7 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
O	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Celral / frummley will st.
ATI	9. Industry or business in which	/ tomplelyse /du:
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc.	
5	10. Date deceased last worked at this occupation (month and spear)	
_		Other Contributory Causes of importance:
IZ.	(State or country)	Mynihusing t Curomo
חבת	13. NAME John Dehnes	Myllanes .
128	14. BIRTHPLACE (city or town)	Neme of operation Date of
2	(State or country) Confirman	What test confirmed diegnosis? Was there an au'opsy?
-	15. MAIDEN NAME Unfrom	23. If death was due to external causes (VIOLENCE) fill in also the following:
200	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
_	80 10	Where did injury occur? (Specify city or town, county and State)
7.	(Address) delma, head	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18.	BURIAL, CREMATION, OR REMOVAL LOCATION, LOCAL	Menner of injury
	Place 1 Dete Dete Dete 2 17 - , 1935	Nature of Injury
19.	UNDERTAKER Will S. Marril	24. Was disease or Injury in any way related to occupation of deceased? 2
	(Addipss) Lacturar, Lac	If so, specify
20.	FILE OF 13519 Harry 6 Judson Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		V	
N	+ t t t	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09167
)	state UPA-	1. PLACE OF DEATH	(119)
	ould OCC	County Wicomico	Registration Dist. No. 333
0	8.8	Village or City Walisbury (J. H. Hospita	No. St. 13 Ward
5	.= 0	(If	death occurred in a horpital or institution, give its NAME instead of street and number)
1	Every SIANS ement	Length of residence In city of lown where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
1	RD. Every YSICIANS statement	2. FULL NAME ONOY AfourWay A	If U.S. Veteran specify WAR.
	XD.	(a) Residence: No. (Usual place of abode)	St., Ward. Show All Manual State
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	No. of the last	OR DIVORCED (while the word)	(Month) (Day) (Year)
S	EHE	Sa. If married, widowed, or divorced	
BINDIN	A C ssif	HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I ettended decesed from
Z	RW X cla	War 11 1011	liast saw harmalive on 31 - 6
B	IS A PE stated E properly certificate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
FOR	IS A I stated proper	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
F	IS sta pro cert	8. Trade, profession, or particular	were as follows:
Q	HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specified in this countries).	meter les
RESERVED	ould may back	9. Industry or business in which work was done, as SILK MILL,	
ER	NK-shoust mit m	SAW MILL, BANK, etc	
ES	1 1 to	this occupation (month and year) occupation	
K	A + 0	Ohnor 7/200	Other Contributory Canses of importance:
Z	DIT I. so ucti	12. BIRTHPLACE (city or town) (State or country)	
RGIN	UNFA ipplied terms, instri	E 13. NAME Roger Novana	10
3	D H T a	T	Name of operation Date of
A.	E . E	14. BIRTHPLACE (city or town) Virginia 4	What test confirmed diagnosis? Menu Was there an autopsy?
	WITH efully in plais	15. MAIOEN NAME Jange Vowell	23. if death was due to external causes (VIOLENCE) fill in also the following:
	, m 4	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	PLAINLY, ould be can F DEATH ery import	(State or country)	Where did injury occur? 20
U		17. INFORMANT STALL M. Consuest 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	PLA thould OF D	(Address) Snow Hill) my	
	Page 197	18. BURIAL CREMATION OR BEMOVAL PICTURE Date 1, 1935	Manner of injury 190
		Plate John Chry Date 19:53	Nature of injury
yel	-WRIT mation CAUS TION	19. UNDERTAKER COMPLETE COMPLICATION COMPLETE CO	24. Was disease or injury in any way related to occupation of deceased?
S. No.	B	(Address) Annow Wiff The	If so, specify
N. N.	z (T)	20. FILEO Mig 6, 1933 & May Jume Registrar.	(Signed) M, D,
		the state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ole I	li i	Example II	
nd related causes	D	of importance were as follows:	
- 50 0 3005			1 week ago
SEP 8 1930		Run over by street car	1 week ago
UREAU V. S	July 5,1927	Peritonitis	3 days ago
mportance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	related causes ECEIVE SEP 6 1935 UREAU V. S	SFP 6 1935 1921 July 5, 1927 INFAU V. S.	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Revitonitis The principal cause of death and related causes of importance were as follows: Attack of epilepsy Revitonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
----------------------	---------	------------	---------------	-----------

Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH	7168
1. PLACE OF DEATH	59	
County Musmuco	Registration Dist, No.	333
Village or City - Falisking	No. 30 V Mauriland and st.	13 Ward
Locate of military last the state of the sta	f death occurred in a hospital or institution, give its NAME instead of street and u	umber)
MI,	ds. How long In U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME MANAGER X COMES	Dawning	
(a) Residence: No. 36 V Mary China and MA	e st., /3 Ward.	
(Usual place of abode) ' PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	Gua. 16.	193 5
5a. If merried, widowed, or divorced	(Month) (Dey)	(Yeer)
HUSBAND of Virgil J. Dawning	22. JHEREBY CERTIFY, Thet I attended of	leceased from
6. DATE OF BIRTH (month, dey, end yeer) 280, 15, 1870	Hest saw h. er elive on any 157 1035	; deeth is seld
7. AGE Years Months Deys If LESS then	to heve occurred on the date steted above, et 5.30 Am.	
(0.5) (0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were es follows:	
9 Trade profession or porticular		Date of onset
kind of work done, es SPINNER, W. / Xanc'	G- Brights Niseas	Culina
S. Hade profession, or particular land land land land land land land land	Sinhete melilio	wihn
SAW MILL, BANK, etc		
this occupation (month and spent in this yeer)		
12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:	
E 13. NAME X & Min 31. 12/11 Ale.		
13. NAME Clin 21. Deadley 14. BIRTHPLACE (city or town) - Approximately for country)	Name of apprehim	
(State or country)	Neme of operetion Dete of Whet test confirmed diegnosis? Was there en et	da 2
15. MAIOEN NAME Uphand Phillip.	Whet test confirmed diagnosis? Was there en et 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:	
15. MAIOEN NAME (phone Phillip) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	
17. INFORMANT LIST GLES DE Datoning, (Address) Allia Alacan M. J.	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	OE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Palans Cenedly Fillipine 8/17/35,19	Neture of injury	
19. UNDERTAKER / Le Mich & Otherson Co. (Address) Salishung M.	24. Was disease or injury in any wey releted to occupetion of deceesed?	w
20. FILED ang 17, 1935 & May Sume Registrar.	(Signed) Am am (Address) Salis Ling My	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. /

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were a follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis SEF 6 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	<u></u>	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

	STATE OF MARYLAND	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	well.
	County Kilomila	Registration Distance 333
	Village or City Salutary Md.	No. 185- Hospertal St., 13 Ward
	Length of residence in city or town where deeth occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
	B. 4 10	
2	FULL NAME () angular see	Constitution of the state of th
	(a) Residence: No.//> (Usual place of abode)	St., Ward. If nonresidept give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	4. COROR OR RACE S. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	D. 21. DATE OF DEATH
u	male 11 max paringer	(Monthly (Oay) (Year)
5e.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY That I attended deceased from
_	(OF) WIFE OT	- pely 36 1035, to, key 6 1933
6. I	DATE OF BIRTH (month, day, end year) July . 23- 19.	19 1 last sewn alive on ALS 4 , 19 33; death is said
7. /	AGE Years Months Oays If LESS th	
	1 0 8 /3 1 day,	I THE I KINCLEAR CAUSE OF DEATH and related causes of importance
2	8. Trade, profession, or perticular kind of work done, as SPINNER,	De to the second
OCCUPATION	SAWYER, BOOKKEEPER, etc.	12 may 2 E 7/3
5	work was done, as SILK MILL, SAW MILL, BANK, etc	Lingulain
3	10. Oate deceased last worked at this occupation (month and spant in this	
	year) occupation occupation	Other Contributary Causes of importance:
2.	BIRTHPLACE (city or town)	
~ 1	(State or country) Salushy Mig.	
7	13. NAME Glorge fr. Rescole	
FATHER	14. BIRTHPLACE (city of fown) (Stete or country)	Neme of operation
۲ ا	15. MAIOEN NAME Ada, H. Morre	Whet test confirmed diagnosis?
MOINER	P 1 10 Pa	23. If death was due to external ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
2	16. BIRTHPLACE (city or town) (State or country)	Cocident, suicide, or homicide?
	Georg. W. Drie rel	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
17.	(Address) 25. Phila are. Sale	he hed - 1
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Mens um. Oatlug. 1,190	Neture of Injury
	11.11	1
19.	UNOERTAKED THE CONTRACT OF THE	24. Was diseese or injury in any way related to occupation of deceased?
19.	UNOERTAKED THE COMMENT OF THE COMMEN	24. Was disease or injury in any way related to occupation of deceased?
		If so, specify (Signed) (Signed) M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- i	Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial n	ephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SFP 8 1935		July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 09170
1. PLACE OF DEATH	arnie 119
County/Vicospie 6- 1	Registration Dist, No. 333
Village or City Salustary Md.	No. P.S. Hegulal St. 13 Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Kurneth ag. Elle	Le GU.S. Veteran specify NAR. A
414 12,0,0	To the stand
(a) Residence: No. / / / (Usual place of abode)	St., Ward All If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.(SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CENTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Rug, 20 1934	I last saw h alive on 217/319315; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 12,33 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Maria
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 17 Ly yellar	I Med-
(State or country) Salaghan Mag	0,000
13. NAME / Charles 1 14. BIRTHPLACE (city or town) Saluting	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis?
I APR - CO	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
State or country	Where did injury occur?
17. INFORMANT luchard En Ellevill	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 404. Relord. st. Salishy)	Md
18. BURIAL, CREMATION, OR REMOVALO	Manner of mjury
Plece Date Date 1930	Nature of injury
19. UNOERTAKER Attaches to 19.	24. Was disease or injury in any way related to occupation of deceased?
(Address) fall for the state of	If so, specify
20. FILED Mg 1909 D. May Summer Registrar.	(Signed) M. D. (Address) Ablanta May
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I		Example II The principal cause of death and related causes Date of onse of importance were as follows:		
The principal cause of death of importance were as follows	and related causes	Date of onset			
Arteriosclerosis	7005	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	Ser 6 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	77 11 57	July 5, 1927	Peritonitis	3 days ago	
		450			
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			2		

if so, specify
(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address) _____

STATE OF MARYLAND, CERTIFICATE OF DEATH

V. S. No. 1

20. FILED

state

1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

jo

See instructions on back

pe

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

AGE should be

of OCCUPA.

Exact statement

ż

STATE OF	MARY	/LAND-	CERTIFICATE OF DEATH 09172
1. PLACE OF DEATH .			
County Wicomic	0		Registration Dist. No.
	town)	No. St., Ward
	6	00.0° (If	f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or lown whare death	occurred	Myrstife mos.	sds. How long In U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Randa	ll i	Game	
(a) Residence: No. Shurjat	(Usual place of	amd sabode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
male aa o	OR DIVORCED	RIED, WIDOWED, (write the word) gle	21. DATE OF DEATH (Month) (Sa) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of	(0	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of			. 19 to
6. DATE OF BIRTH (month, day, and famout 19	07		I last saw h aliva on , 19 ; death Is sald
7. AGE Years Months	Days	If LESS than	to hava occurrad on the date stated above, at
about 28		1 day,hrs.	were as follows:
1 9 Trade profession or portionter	2 1		Dats of onset
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc	Sarbe	V	
SAWYER, BODKKEEPER, atc			
Q Data daceased last worked at	11. Total 1im	me (yaars)	-
this occupation (month and year)	spent	tin this pation	
Sharpt	Farmer.		Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Slate or country)	nary	and	-
13. NAME CREATERS CAN	ames	/	
±	antone	»u)	Name of operation Data of
I4. BIRTHPLACE (city or lown) (Stata or country)	angla	ud,	What last confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sanahi	Egg	244	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Shell 16. BIRTHPLACE (city or lown) Shell (State or country)	restorm	W	Accident, suicide, or homicide? What seed Date of Injury 93 1, 1935
Stata or country)	Laryla	nd	Whara dld injury occur? Wear Shorp town. Med.
17. INFORMANT Ebon Ennis (Addrass) Sharplown	, m	/	(Specify that or town, county and State) Specify whather in tury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	-, Ind	<i>\(\)</i>	Mannar of Injury Phot gun would
Place 3100 Da	ate aug	1.6, 1935	Nature of injury Autol
19. UNDERTAKER James F. Starra (Addrass) 402 E. Church S	irt. St. Sali	,,,	24. Was disease or injury in any way related to occupation of deceasad? 16 so, specify
20 EUED QUED 1 10 B5 W	110.19	2 many	(Signed) M. I

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	17	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	(915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	V921	Run over by street car	1 week ago
Corcorat hemorrhane	July 3,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

			IF MAR	YLAND-	CERTIFICATE	OF DEATH	19173
1	1. PLACE OF DEATH			(52)			
	CountyW	icomico				Registration Dist. No.	335
1	Village or Cit	Sharpto	wn		No.		Ward
			,	(If	death occurred in a horpital or instit	ution, give its NAME instead of street	and number)
	Length of resid				ds. How long in U.S. if	of foreign birth?yrs	mosds.
1	2. FULL NAM	E Ardent	A.Gran	T			
	(a) Residence	e: No	(Usual place	e of abode)	St., Ward.	If nonresident give city or town	and State
	PERSONA	AL AND STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE OF DEAT	Н
	sex Male	4. COLOR OR RACE White		RRIED, WIDOWED,	21. DATE OF DEATH	Aug I5 I93	5 , 193 (Yeer)
5a.	HUSBAND of I	d, or divorced	ant		22. HEREB	Y CERTIES That Latter	
	(OI) WIFE OI			-10 h	sur 16	35 Leug/5	1955
6.	DATE OF BIRTH (n	nonth, day, and year) A	ug I2,	1879) last saw h And elive on A	ucy 141 195	death Is said
-	AGE Years		Oays	If LESS than	to have occurred on the date stat		
	56		3	1 day,hrs.		TH and related causes of importance	
NO	B. Trade, profess kind of wo	rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.		waye as follows:	Pate of onset		
OCCUPATION	9. Industry or bi	usiness in which	Farmer				
SUP	SAW MILL	usiness in which done, as SILK MILL, , BANK, etc					
Ö		l last worked at ation (month and	S D C	tima (years) ent in this cupation			
	PIRTURE ACC (-iA-	W V			Other Contributory Causes of Imp	portance:	
12.	BIRTHPLACE (city (State or count		4			************	
2	13. NAME Wit	lliam P.Gr	ent.				
FATHER		(city or town) N.Y.					
FA	(State or c	city or town) • •			Name of operation	Dete	
ER	15. MAIOEN NAM	E Hattie Ne	wel			suses (VIOL ENCE) fill In also the folio	
MOTHER	16. BIRTHPLACE ((city or town) N.Y	•			Oate of Injury	
Σ	(State or o				Where did injury occur?		
Lizzie E.Grant 17. INFORMANT Sharptown, MC.					(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.		
18.	BURIAL, CREMATIC				Manner of injury		
	Place_Sha	rptown			Nature of injury		
10	UNDERTAKER	W.D.Graven		0,		way related to occupation of deceased	?
13,	(Address)	Sharpto	wn, Md.		If so, specify		
20.	FILEO ang	,16,1935	nary	E. Mann	(Signed)	Kulling	M. D.
			1	Registrar.	(Address)	the state of the state of the	7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related of importance were as follows:	Causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	ED 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis & C -	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
St.	v. S.			
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

W)	ECORD. Every item of infor- PHYSICIANS should state act statement of OCCUPA-
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINI mation should be CAUSE OF DEAT TION is very imp

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920 39174
County Turcomics	Registration Dist. No. 332
Village or City V Atrylle	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	3.00A
2. FULL NAME DENOTION IT ALL	Ot Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aug 23, 1935. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	22. aug 22 1935 to ang 13 1935
6. DATE OF BIRTH (month, dev, end year) may 23 -1881	Hest saw head alive on au 2 2 1, 19 35; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted ebove, at
3-4 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end of the same of the	Chronic Volular Hantsheer 1920
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME Joseph. H Hastings	
13. NAME Joseph. Hastings 14. BIRTHPLACE (city or town) wholenelles (State or country) md	Name of operation Date of Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Harrette & Hall	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIOEN NAME Harrette & Hael 16. BIRTHPLACE (city or town) Pulling (State or country)	Accident, suicide, or homicide?
17. INFORMANT Ver sil Hastings (Address) Rutsmeller and	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Principale Cerestrate Queg. 25, 193.	Manner of Injury
19. UNDERTAKER In Pasha Walson (Address) Selbyulle Delayora	24. Was diseese or Injury in any wey related to occupation of deceased?.
20. FILEDLIA. 25, 1935. Sillian K. Nair Registrar.	(Signed) la Hollend M. D. (Address) Belin md-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronie interstitial nephritis SEP 8 1835	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

infor-

1000 plnods

statement PHYSICIAN

Exact

classified.

properly

may back

so that instructions

plain terms,

in

DEATH

AUSE

carefully

pluods OF See

important.

plnous

CT

田

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?_____yrs.____mos.____ds. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Year) 5e of merried, widowed, or divorced HUSBAND of CERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked at 11. Total time (yeers) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE city or tow Name of operation ... (State or country) What test confirmed diagnosis?. Was there an au'opsy?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (State or coun'ry) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 18. BURIAL, CREMATION, OR Manner of Injury 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify ____ Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

	infor-
1	of
,	item
	Every
•	RECORD.
MARGIN RESERVED FOR BINDING.	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
O.R.	A
F	IS
RVED	X-THIS
ESH	IN
AARGIN R	UNFADING
3	WITH
	PLAINLY,
i. No. 1	B.—WRITE
	ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09176			
1. PLACE OF DEATH	429			
County Wicomico P. Ly.	1/20/201 322			
	Hospital Registration Dist. No. 222			
Village or City Dellastrassy, Ind.	Mo. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)			
Length of residence In city or town where death occurredyrsmos.	the state of the s			
2. FULL NAME Steary S. Hear	ne			
(a) Residence: No. & allisbury Hotel	LSt. Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
Male Thite Disorced	(Month) (Day) (Year)			
5e, If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I ettended deceased from			
(or) WIFE of Divorced	Quy 500 1935 to lug 14 1935			
6. DATE OF BIRTH (month, day, and year) Aug, 9-1870	I lest saw h less said			
7. AGE Yeers Months Deys If LESS than	to have occurred on the date steted above, at			
66- 0 3- 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:			
- 8. Trade, profession, or particular	Carculosua of Lung Date of ancet			
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc				
9. Industry or business in Which work was done, es SILK MILL, SAW MILL, BANK, etc.				
SAW MILL, BANK, etc 10. Dete decessed lesis worked at this covers light many this covers light many than the specific this covers light many than the specif				
10. Dete decessed lest worked at this occupation (month and yeer)				
. 10- +. 01 1	Other Contributory Causes of Importence:			
12. BIRTHPLACE (city or town) / Clar dama Charles (Stete or country)				
13. NAME SAME AL WEATHS				
13. NAME Isaac M. Hearne 14. BIRTHPLACE (city or town) New Line Church.	Name of operation Dete of			
(State or country)	Name of operation Dete of What test confirmed diegnosis? Wes there an autopsy?			
15. MAIDEN NAME Don't Same.	23. If death wes due to external causes (VIOLENCE) fill in elso the following:			
15. MAIDEN NAME Don't Square 16. BIRTHPLACE (city or town) NO Record	Accident, suicide, or homicide? Date of Injury, 19			
(State or country)	Where did injury occur?			
17. INFORMANT Thrs. Leonaru Shochler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,			
(Address) Pitts Wille mich. 1				
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury			
Place Time Charseft Date Clarge 16, 1935	Nature of injury.			
19. UNDERTAKER They Hill & Johnson Co.	24. Wes diseese or injury in eny way related to occupation of deceesed?			
(Address) Salisbuild and	If so, specify			
20. FILED Mig 10, 1932 D. May Sunner Registrar.	(Signed) (Olland M. D. (Address) Dellahary Med			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

onset 15 21 ,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	1 week ago
21	Run over by street car	1 week ago
		- "
,1927	Peritonitis	0 1
		3 days ago
	Other contributory causes of importance:	
,1923	Gastroenteritis	1 year
	,1923	Other contributory causes of importance: Gastroenteritis

ADDITIONAL	SPACE.	FUR	FURTHER	STATEMENTS	BI	PHYSICIAN

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County luconies	Registration Dist. No. 333
Village or City Solublusy Dred (1	Mo. St., Will death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	sds. How long In U. S. N of foreign birth?yrsmos
2. FULL NAME Jaken Sargent	7 Hitch
(a) Residence: No. Nemen St	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male a.a. Single	(Month) (Day) (Yaar
5a. If married, widowed, or divorcad HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased in
(or) WIFE of	ary 13, 195, to arres 12, 193
6. DATE OF BIRTH (month, day, end year) July 15 1935	I last saw h alive on Read 1319 31; death is
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
0 29 1 day, hrs.	were as follows:
9 Trade explanation on particular	multiplimen digirle Re
No. Frada, profession, or particular in kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	- ()
9. Industry or businass in which work was done, es SILK MILL,	
9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked et 11. Totat time (years)	
this occupation (month and spent in this occupation	
1 0 0	Other Centributory Causes of Importence:
12. BIRTHPLACE (city or town) Authority (State or country)	-
	None of a senting
14. BIRTINIACE (city or town) Partitions with (State or country)	Nama of oparation Oete of Was there an autopsy?
15. MAIOEN NAME I I I I I I I I I I I I I I I I I I I	
E de la	23. If death was due to axternal causes (VIOLENCE) filt In also the following: Accidant, sulcide, or homicide?
- 16. BIRTHPLACE (city or town). Saluslus (Stata or country)	Where did Injury occur?
Maria di tal	(Specify city or town, county and State) Specify whathar injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT CARRIED TO A CARR	open, water many security in most in in the security in most in the security i
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place weller Class Date Ung 13, 193	Nature of injury
10 HADESTANCE Dear FIttinger T	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Address) Salushers	If so, specify
and 13.35 . 0. 12 med	(Signed) Runner
20. FILED 19 19 X A AAA LAAAA	(Address) Salle

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic intersation phratis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1,927	Peritonitis	3 days ago
SEP 6 1935			
Other contributory canses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

plnods

PHYSICIANS

CTL

B

certificate.

may plnous

that

plain

DEATH

OF

is CAUSE mation

LION

should be carefully

instructions

7. AGE

OCCUPATION

FATHER

MOTHER important.

6. DATE OF BIRTH (month, day, and year)

8. Trada, profession, or particular

kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc ... Industry or businass in which work was done, as SILK MILL,

SAW MILL, BANK, atc 10. Date decaased last worked at

this occupation (month and

12. BIRTHPLACE (city or town) (State or country)

15. MAIOEN NAME

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

13. NAME

17. INFORMANT (Addrass)

19. UNDERTAKER _ #

Months

RECORD.

statement

Exact

OCCUPA-

item of infor-

Days

If LESS than

1 day.____hrs.

or min.

occupation __d_Q_

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballangle Requesting

11. Total tima (yaars) spent in this

(If death occurred in a hospital or institution, give its NAME instead of street and number) How iong In U.S. if of foreign birth?_____yrs.____mos._ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH CERTIFY. That I attended daceased from to have occurred on the data stated above. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance Date of enset What tast confirmed diagnosis? ____ Was there an aulopsy?_ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide?_____ (Specify city or town, county and State) Spacify whethar injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE Mannar of injury Nature of injury 24. Was disaase or Injury in any way ralated to occupation of deceased? If so, specify

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	of importance were as follows:	Date of onset
1910		1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	ADDITIONAL OF HOLD I ON I CHARLEST CHARLEST CO.			
Т		Ī		
_		-		
_				

TION is very important. See instructions on back of certificate.

PLACE OF DEATH		
County Zvicomico	Registration Dist. No	337
Village or City Diralne of 4	No	St., Ward
Length of residence in city or town where death occurred	nosds. How long in U.S. it of loreign birth?yrs	
. FULL NAME + Telsouls The A. H	proman	
(a) Residence: No. Divalve Me	St., Ward.	
(Usual place of abode)	If nonresident give city or	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day)	, 193 5 (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I	attended deceased from
Mary Horaman	8-10 ,1935 , to 8-1	£, 19.3.7
DATE OF BIRTH (month, day, and year)	GO last saw h alive on 8-19	, 19.3.7.; death is said
GE Years Months Days If LESS than		
14 10 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importa	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER.	luema	8-9-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Chronic nephritis. Auration i not	stated
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Qw5.E	
10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation occupation	100	
Of A inches MAI	Other Contributory Causes of Importance:	0 0
BIRTHPLACE (city or town) (State or country)	Entres - colly	Y-7
13. NAME & Nodander, Naraman	,	
14. BIRTHPLACE (city or town)	Name of operation	Date of
(State or country)		there an autopsy?
15. MAIDEN NAME & MILL TO OVERLA LOSS	23. If death was due to external causes (VIOLENCE) fill in also the	
16. BIRTHPLACE (city or town) Siralugued	Accident, suicide, or homicide? Date of Injur	
(State or country)	Where did Injury occur?	
INFORMANT Stockney Housman	(Specify city or town, count in INDUSTRY, in HOME, or In Plants	y and State) UBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury	*****************
Place Juvalve My Date aug 15, 19	Nature of injury	
UNDERTAKER MED HOLLES (Address)	24. Was disease or injury in any way related to occupation of deco	eased?ko
	(Signed) Robot W. Fare	M. [

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related can of importance were as follows: Arteriosclerosis RECEIN		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	095 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU	V. 6.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR	
RESERVED	
MARGIN	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	09180
County Wix ouico.	Registration Dist. No. (3.22
Village or City & alisbury Ul a	by War & Sing Home & Mary 1,000
Length of residence in city or town where death occurred yrs	(If death occurred in a hospital or institution, give its NAME instead of seet and number) ds. How long in U.S. it of foreign birth?
2 11 1. Ca -	105. How long in 0.5. If of foleign birth:
2. FULL NAME Tra It works	
(a) Residence: No. (Usual place of abode)	St., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH & \\(\(\sigma\) (Oay) (Year)
Sa. If married, widowed or divorced HUSBANO of (or) WIFE of Myrtle E. Hudson	22. 8 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Meh 11, 1901	I last saw h in aliva on 8 - 14- 1937; death is said
7. AGE Yaars Months Deys, If LESS than	to have occurred on the date stated above, at
3 1 day,hr	were so follows:
8 Trade profession or particular	Derfoliciel from landary
SAWYER ROOKKEEPER atc	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<i>Q</i>
SAW MILL, BANK, etc 10. Date decaasad last worked et 11. Total time (yaars)	
this occupation (wonth and) 133 spent in this occupation	Other Contributory Couses of importants:
t2. BIRTHPLACE (city or town) Whaleyvilled (State or country)	Shotmat humbuye 12 Ge
13. NAME Hean Kudson	
14. BIRTHPLACE (city or town)	Name of operation
((State of country)	What test confirmed diagnosis? Chronel Was there an autopsy? Led
15. MAIDEN NAME Rate Sowell	23. If death was due to external causes (ViOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, sulcida, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MANAGEMENT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL OF THE STATE OF THE STA	A Manner of injury
Place thaley yelle Date flug 1, 19	Netura of injury
19. UNDERTAKER M. Jasses / alson	24. Was disease or injury in any wey ralated to occupation of decaesed? 200
11.12 14 35-41-91	(Signed) M. D.
20. FILED (1) 19 (1) Registrar.	(Addrass) Julisting my
f f	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining cugineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis SEP 8 1935	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

of OCCUPA-

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH 09181

	1. PLACE OF DEATH	
1	County // Comile	Registration Dist. No. 032
	Village or City Procedurate M4.	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
\	(a) Residence: No. Principle (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4. COLOR OR FACE OR DIVORCED (write the word)	21. DATE OF DEATH Aug. // The part of the control o
58	HUSBAND of (or) WIFE-of Helly	22. I HEREBY CERTIFY, That I attended deceased from 19
	DATE OF BIRTH (month, day, and year) Hef. 21/1905 AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	SAWYER, BOOKKEEPER, etc.	
CUPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
HER 1 OCC	10. Date deceased last worked at this operiod in (month and year) 2. BIRTHPLACE (city optown) (State or country)	Other Coutributory Causes of Importance:
E S	7/2 P 1/2 1	÷
FATHE	1811	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
MOTHER	16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur? Where did Injury occur?
	7. INFORMANT Mrs. Ifelen Kelly	(Specify Lity or town, county and State) Specify whether (nury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
2	8. BURIAL, CREMATION, OF REMOVAL Dating, 13, 19.33	Manner of injury July Worms whrowy Nature of injury July Land by Corner of which was a second with the second
	9. UNDERTAKER HOLONGO TO A CONTROL OF THE CONTROL O	24. Was disease or injury in any way related to occupation of deceased? PO If so, specify (Signed)
) 2	0. FILED Sing 1. 3, 19.3 7. Allegre 1. Castle Registrar. If more blanks are needed, address State Registrar.	(Address) Mustury Mil Little (Address) Mustury Mil Little (Address) Ville (Add

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were a Arteriosclerosis	of death and related causes of follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nep	britis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEL Q 1832	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	'er iles
Gallstones		May 1,1923	Gastroenteritis	1 year

SICIAN

STATE OF MARYL	AND-C	CERTIFICATE OF DEATH	9152
1. PLACE OF DEATH		820	100
County Miconico		Registration Dist. No.	333
Village or City Salisbury		No. 303 Charles st,	J Ward
Length of residence in city or town where death occurred 4.7. ye		leath occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foralgn birth?yrsn	
2. FULL NAME James, P. Lays	hield		
(a) Residence: No. (1303 Charles)	St.	St., Ward.	
(Usual place of abo		If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICUL 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED.		MEDICAL CERTIFICATE OF DEATH	
male white OR DIVORCED (win		21. DATE OF DEATH (Month) (Day)	_, 193_5(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ro. Load	they.	22. HEREBY CERTIFY, That I attended	decaased from
6. DATE OF BIRTH (month, day, and year) Marriely 11	01855	Hast saw h. Amalive on Quant J 197.1	death is said
7. AGE Years Months Days 1	If LESS than	to have occurred on the date stated abova, at 2" A.m.	,
411 11 14	lay,hrs.	The PRINCIPAL CAUSE OF DEATH and relaied causes of importance were as follows:	I Date of second
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	ter.	Parstyais (Contract Lundage)	Date of onset
9-Industry or business in which work was dona, as SILK MILL, SAW MILL, BAKK, atc			-
10. Data deceased last worked at this occupation (month and year)	his	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	
12. BIRTHPLACE (city or town) Pear Lumber (State or country)	7	Other Contributory Causes of importance: Proformery or cleman	6 km
13. NAME William 2, Lays	rield		
14. BIRTHPLACE (city or town) Preary Survey (State or country)	0	Name of operation Date of	2
15. MAIDEN NAME to limatethe m. Po	muells	What tast confirmed diagnosis? Was there an	
16. BIRTHPLACE (city or town) & Don't Janon	ir	23. If death was due to external causes (VIOLENCE) fill In also the followin Accident, suicide, or homicide?	g:
(State or country)	eard	Where did injury occur?	
17. INFORMANT A La La Murphy (Address) 303 Challet 1	<i>t.</i>	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR REMOVAL Salishary.	ind,	Manner of injury	
Placa Larama Lemi Data Lug	/, 19.35.	Nature of injury	
19. UNDERTAKER The Hill of Johnse (Addrass) Balis Tall, m	on co	24. Was disease or injury in any way related to occupation of deceased?	20
20. FILED ang 7, 19 35 Le May I	unel.	(Signed) Allfund and Carlottery Le	M. D
If more blanks are needed, address		411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 6 15	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BORC			
Other contributory causes of importance	:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

1	n of infor-	ould state	
13	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	The state of the s
	NENT RECOF	TLY. PHY	
OR BINDI	S A PERMAN	tated EXAC	
MARGIN RESERVED FOR BINDING	INK-THIS I	should be s	
ARGIN RE	UNFADING	upplied. AGE	
M	LY, WITH	carefully su	
4	ITE PLAIN	on should be	
1,1	-WR	mati	

N. B.-WRITE PLAIN

V. S. No. 1

Exact statement of OCCUPA-

		•					D 1	511 11 .7	7 -/ -
	County //cem	(4)		t	-1 1		Registratio	n Dist. No.	α
	Village or City Man	Lan	realing.	molouis	LLENO.	in a hounital or instit	ution give its NAI	ME instead of street as	d number)
	Length of residence in city	or town where	leeth occurred					yrs	
				-					
	. FULL NAME	70 -	& there	I Sa	(1		City Williams		
	(a) Residence: No. /	war 1	(Usuai place	of abode)	St.	Ward.	If nonreside	nt give city or town	and State
	PERSONAL AND	STATIST		1 1 1	1	MEDICAL C		E OF DEATH	
3. 5		OR RACE		RIED, WIDOWED,	21. DATE	E OF DEATH		0	
0		0	OR DIVORCE	D (write the word)			lug	7	, 193
5a.	If marriad, widowad, or divorce	ed	Meingle				(Month)	(Day)	(Ye
	HUSBAND of (or) WIFE of			_	22.	IHEREB	YCERTI	FY, Thet I ettend	ed decease
							_, 19, to		, 19.
6. (DATE OF BIRTH (month, day,	and yaar)	ne. 24	1935-	i last saw h.	aliva on		, 19	; death
7. /	AGE Years	Months	Days	If LESS than		arred on the date	tad ebove, et	m,	
		/	10	1 day,hrs	The PRINCI	PAL CAUSE OF DEA	TH and related ca	uses of Importanca	100
7	8. Trade, profassion, or part	ticular			1	en la	los -	and	Date
NO	kind of work dona, as SAWYER, BDOKKEEP		none.		On	- P 0	ed de	in	
PAI	9. Industry or businass In work was dona, as SI SAW MILL, BANK, etc.	which			XO	0			
D)					bea	. Care	20 M	ul levon	
0	10. Date daceased last work this occupation (mont	ed at h end	11. lotal	time (years) ent in this				1.1	
	year)			upation	Other Contr	ributory Causes of Im	portance:		
12.		nearly	arametr	4.					
-	(State or country)		C . V	I ma.	_				
HER	13. NAME	words	Leurs'	Vingel Scott					
FAT	14. BIRTHPLACE (city or tow	n) nor	olk.		Nema of ope	eration		Date o	f
L.	(State or country)	- 1	Na.	01-1-1	What test co	onfirmed diegnosis?_		Was there	an autopsy
HER	15. MAIDEN NAME	adipe.	Dusla	Judge Low	23. If death v	was due to external c	auses (VIOLENCE)	fili In eiso the foilor	ving:
110	16. BIRTHPLACE (city or tow	n) 200	tolk 1		Accident, su	alcide, or homicide?		Date of Injury	, 19
Σ	(State or country)		0	a.	Where did i	njury occur?			
17	INFORMANT Harry	16.			Spacify whe	thar injury occurred	(Specify city in INDUSTRY, in	or town, county and HOME, or in PUBLIC	State) PLACE,
17.	(Address)	Tara	malmag.	· Ind ·					
18.	BURIAL, CREMATION, OR RE	MOVAL			Manner of I	njury			
	Place Alcas 3	ill Cen	Date Ou	2 2 hd 193 6	Nature of in	njury			
	W >	Parama	154.11	0	24. Was diea	ase or injury In any	way ralated to occ	upation of deceased?	
19.	UNDERTAKER AM	than 1	medical		If so, spacif			7	(July)
		35/7	.00	DA	(Signed	1. 80	Des 7	710	4
	FILEdling . 2 19	100. Mu	YVIOM	11 - 12 /0 11	10 (orginal	A	7		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 6 1935	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

09184

1. PLACE OF DEATH	MARTEARD	- ', O
County Maconico	Pal	9. Hospital Registration Dist. No. 333
Village or City Dalistin	Sy	No. St., 3 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth	1 1/-	
2. FULL NAME Rochie	y O. Llo	refd.
(a) Residence: No. 1003 97	Main St. (Usual place of abode)	St., 9 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Inale Mite	INGLE, MARRIED, WIDOWED, IR DIVORCED (write the word)	21. DATE OF DEATH (9, 1935) (Weet)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE	Possel	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer)	. 16 1 1906	I last sew h welve on cury 19 19 37 death is seid
7. AGE Years Months	Deys If LESS than	to heve occurred on the dete steted ebove, et
28 8	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were eg follows:
Trede, profession, or perticular kind of work done, es SPINNER, ANYER, BDDKKEEPER, etc.	ruiture	Date of noset
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	lesman	
10. Date deceased lest worked at this occupation (month and year) - LUL Q 10 1934	11. Totel time (yeers) spant In this occupetion P. Alega	
12. BIRTHPLACE (city or town)	ton	Other Contributory Causes of Importence:
(Stete or country) Grary	lana-	-
13. NAME JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	doya	
(State of Country) There	iland	Neme of operation
15. MAIDEN NAME Bessie	In Ross	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	arnon	Accident, suicide, or homloide?
17. INFORMANT ALLA MLI Folk	isia Lloya	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	3P.9n/ 9nc	Manner of injury
Plece Parzone Cent De	te aug. 21, 1935	Neture of injury
19. UNDERTAKER The Hill of 9	olinson co.	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Os always	y ma.	If so, specify aunes
20. FILED lug 21, 19 35 - V.K	May Justes Registrar.	(Signed) M.D. (Address) Absoluting May

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 6 1933	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			771112.71

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
---------------------	-----------	------------	----	-----------

Or Ca.

STATE C	OF MARYLAND	CERTIFICATE OF DEATH	09185
1. PLACE OF DEATH	WAIN	lunn, 82-a	122
County // long le	9	Registration Dist. No.	999
Village or City Salufa		No. P-f:U. # 4. St.,	Ward
Length of residence in city or town-where	/ /- /	If death occurred in a hospital or institution, give its NAME instead of street and s. How long In U.S. If of foreign birth?yrs	
Jak U	Geath occupied of Sayis.	167777	.1110505
2. FULL NAME	the U	WARE MARKET TO THE PARTY OF THE	***** ***********
(a) Residence: No.///	(Usual place of abode)	St., Ward Sacretion If nonresident give city or town a	nd State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3 SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Wale White	OR DIVORCED (write the word)	(Month) (Day)	, 193\) (Year)
5a. If married, widowed, or divorced HUSBAND of	2		
(or) HIFE of / Wata /Mo	y Matthews	22. I HEREBY CERTIFY, That I attende	d decaased from
DATE OF SUBTRICE	1 man 14 18	Wast saw haliva on 193-	January 19.
DATE OF BIRTH (month, day, and year) AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1 - 2 q.m.	; death is sell
60 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	ormin.	were as follows:	Date of onest
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	7'arm	Cenabral Herrankoge	1929
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	un tearn		
10. Date deceased last worked at 10	2 11. Total time Years)		
this occupation month and	3 Controller	4	
Kias.	Tabile.	Other Contributory Causes of Importance:	
(State or country)	7	Tornel	
	am / Matther		
1 Hice	10 Richard	No. of the last of	
14. BIRTHPLACE (city or town)	ma.	Name of operation	
15. MAIDEN NAME Sallie	Ruark	What test confirmed diagnosis?	
16. BIRTHPLACE (city or town) Ruas	Salisher	Accident, suicide, or homicide?	
(State or country)	mg.	Where did injury occur?	
17. INFORMANT Rita M.	my Matthews	(Specify city or town, county and S Appecify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC I	itate) PLACE,
(Address) / for for ff	Salishy me		*********
18. BURIAL, CRIMATION, OR REMOVAL	712mm /10 20	Manner of Injury	
Coole Michael	/ Date (195)	Nature of injury	
19. UNDERTAKER Holloway	+6,0	24. Was disease or injury In any way related to occupation of deceased?	no
(Address) Salishy -	mg.	If so, specify	
20, FILED Mig 1819 35	May Junes	(Signed) Thut I Man	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 6 1935			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

~
ó
ž
DO.
94
>

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	V.C.
3	L PLACE OF DEATH	(24)	20
	County Melonylys	Registration Dist No.	<u> </u>
	Village or City Shlinks Up	No. Why I Talked No Ret., 9 death occurred in a hospital or institution, give its NAME instead of street and number,	_Ward
	Length of residence in city or town where death occurred		ds
2	FULL NAME Janes Elinaich The	Schell	
	(a) Residence: No. July 12 Paisons 7	frost 9 Ward.	
, lake	(Usual place of abode)	If nonresident give city or town and State	
3. 5	PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
9	OR DAYORCED (write the word)	and the state of t	5.
	If married, widowed, or divorced	(Month) (Day) (Yi	eer)
	HUSBAND OF George Mikelell	22. I HEREBY CERTIFY, Thet I attanded deceese	d from
6. I	DATE OF BIRTH (month, day, and year) June 1 17, 1865.	I last saw h elive on any 7, 1935; deeth	is sai
7. /	AGE Yeers Months Days if LESS than	to have occurred on the dete steted ebova, et	
	70 / / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:	of onset
NO	8. Trade, professión, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cholegottis C Cholelinhons Such	W
ATI	9. tndustry or business in which		
OCCUPATION	work wes dona, as SILK MILL, SAW MILL, BANK, etc	L. Maria	
Ö	10. Dete deceased lest worked at this occupation (month and spent in this		
	year) occupation	Other Contributory Causes of importence;	
12.	BIRTHPLACE (city or town)	si arbona + delay droton Ray	5
~	(Stete or country)		
FATHER	13. NAME Sendall James Patty		
FA	14. BIRTHPLACE (city or town) (State or country)	Neme of operation the start by	20
2	15. MAIDEN NAME Marie Clinicher (Orpor)	Whet test confirmed diagnosis? Was there en eutopsy?	40
MOINER	m	23. If death was dua to externel causes (VIOL ENCE) fill in also tha following:	
2	16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?	
	INFORMANT Stung 12 Pays to Supt	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17.	(Address) Saliahung, Md.	Specify which what you are a mind out it is not the following the first the following the first	
18.	BURIAL, CREMATION, OR REMOVAL	Menner of injury	
	Place 1911, Date 1133, 19	Nature of injury	
19.	UNDERTAKER / Ce / Helf X Ahason 6.	24. Wes diseesa or injury in eny wey related to occupation of deceased?	
	(Address) Jakahuff, Jak.	If so, specify	
20.	FILED Mig 6, 1935 V. May Junes	(Signed) Justin	M. E
	Registrar.	(Address) Jewstey & d.	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis HECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEF 6 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PERMANENT

state OCCUPA-

pluods

PHYSICIANS

O

× Œ

pinous

AGE that

certificate. properly

back may

instructions 80

See

plain

DEATH

OF

AUSE mation LION

O

be carefully

plnods

-WRITE PL

ORD.

 \mathbb{Z}

statement

Exact

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County lucko ula Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. Length of residence in city or town where death occurred (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Yeer) 5e. If merried, widowed, or divorced HUSBAND of FY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) to have occurred on the date stetad above, at 9. 7. AGE If LESS than Months Devs 1 day, hrs. or min. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at 11. Total time (years) 9 spent in this this occupation (month and occupation_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city of town) (State or country) What test confirmed diegnosis? MOTHER important. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fift in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	0.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUNICALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	E TEL
Gallstones	May 1,1923	Gastroenteritis	1 year

state infor-OCCUPA. 1. PLACE OF DEATH pluods item of County_ Village or City PHYSICIANS RECORD. Every statement 2. FULL NAME (a) Residence: No. Exact 3. SEX 4. COLOR OR RACE PERMANENT CTL classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of × 1 certificate. 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years Months stated 8. Trade, profession, or particular OCCUPATION THIS kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. jo plnods may back 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.... INK 10. Date deceased last worked at no this occupation (month and that instructions 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) carefully MOTHER 15. MAIDEN NAME importan DEATH 16. BIRTHPLACE (city or town) (State or country) should be very 17. INFORMANT (Address) OF 18. BURIAL, CREMATION. OR REMOVAL WRITE S CAUSE mation LION 19. UNDERTAKER

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. N (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred St., Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) augus (Month) (Day) (Year) BY CERTIFY. That I attended deceased from Days If LESS than to have occurred on the date stated above, at I day.____hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. were as follows: Date of onset macardila 11. Total time (years) spent in this occupation. Other Contributory Causes of Importance Name of operation. What test confirmed diagnosis? Was there an autopsy?______ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury_____ Where did Injury occur? ___. (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE Manner of Injury Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Address) Willards Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis CED 8 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	-14 7 1
Gallstones	May 1,1923	Gastroenteritis	1 year

		4	به	,	
M	1	info	stat	CUPA	
	/	o m	hould	000	1
		y ite	S	it of	1
		Ever	CIAN	temen	
		SRD.	HYSI	sta	
		-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	5	ENT	rly	ed.	
	IDIN	MAN	AC	assifi	
	BIN	PER	EX	ly cl	ate.
	MARGIN RESERVED FOR BINDING	S A	tated	roper	TION is very important. See instructions on back of certificate.
	D	IIS	be s	be p	of ce
	RVE	TE	plno	may	back
	ESE	INK	E sh	it it	on l
	K. R.	ING	AG	ths	tions
	RGIL	FAD	lied.	ms, s	struc
	MA	ND I	ddns	in ter	see ir
1		VITE	fully	plai	ıt.
		,Y,	care	ľH ir	ortai
		A	d be	DEA	imp
	C	PL.	shoul	OF 1	very
		RITE	ion	USE	Si N(
	н	W	mat	CA	TIC

STATE OF MARYLAND—CERTIFICATE OF DEATH

09159

1. PLACE C	Vi comito			Registration Dist. No. 333	5
Village or			vrs mos	No. death occurred in a horpital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth?	ber)
	ence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and Sta	ite
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August I5 1935	93
5e. If married, wide HUSBAND of (or) WIFE of	weivert L.P	hillips		22. I HEREBY CERTIFY. That I attended dec	
6. DATE OF BIRTH	(month, day, end year)	fuly I3	I898	I last sawhed elive on any 15 1, 1955;	leath is sale
	ears Months I	Oays 2	If LESS than 1 day,hrs. ormin.	to have courred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were asy follows:	ate of ensot
9. Industry or work w SAW M	iession, or particular work done, as SPINNER, R, BOOKKEEPER, etc r business in which res done, as SILK MILL, IILL, BANK, etc	Housewij	fe ime (yeers) nt in this	(Jucurnay Gunzala	
year) _	city or town) M8		upation	Other Contributory Causes of importance:	
1	ndy W.Bailey				
1.7	Md CE (city or town)or country)			Name of operetion Data of Whet test confirmed diagnosis? Wes there an ault	
15. MAIOEN NAME Arcada V. Phippin 16. BIRTHPLACE (city or town) (State or country) Delipert L. Phillips 17. INFORMANT (Address)				23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	, 19
18. BURIAL CREMA	ATION, OR REMOVAL Riverton	Oate Augu	ust I8, I	Magner of injury	
19. UNOERTAKER . (Address)	W.D.Graveno Sharptown,		9	24. Was disease or injury in eny way related to occupation of deceased?	
20. FILEO Qu	1.17,19.35	mary	E. Mans	(Signed) (Address) Allegaring	Zeed.

If more blanks are neglied, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, , , , , , , , , , , , , , , , , , ,			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DDITIONAL	NAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
---	-----------	---------------	---------	------------	----	----------

item of infor-	should state	of OCCUPA.	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
PERMANENT	d EXACTL	erly classified.	cate.
THIS IS A	ld be state	y be prope	k of certifi
ING INK-	AGE shoul	o that it ma	tions on bac
TH UNFAD	y supplied.	ain terms, s	See instruc
MALY, WIT	l be carefull	EATH in pl	important.
-WRITE PL	mation should	CAUSE OF I	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH	00100
1. PLACE OF DEATH	
County ZUZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	337
Village or City Jusaku No.	St.,Ward
(If death occurred in a hospital or institution, give its NAME instead of street	
2. FULL NAME George H. (Phial.	
(a) Residence: No. (Usual place of abode) St., Ward. [If nonresident give city or to	wn and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEA	ТН
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) f (Day)	
5a. If married, widowed, or divorced HUSBAND of	V1-2-1/
(or) WIFE of CERTIFY, That I at	F., 19.3
2009	19; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, atm.	
The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	Date of enset
Trade, profession, or particular kind of work dona, as SPINNER, Merchant Out to Deletator	Date el euret
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	
0 D. Data deceased last worked at this occupation (month and the part of the part) occupation (month and the part) occupation occupation occupation.	
12. BIRTHPLACE (city or town)	
- Warney - W	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME Chronic Slowerslan Name of operation Name of operation	atolog
What test confirmed diagnosis? Was the 15. MAIDEN NAME Machine Machine Market 23. If death was due to external causes (VIOLENCE) fill in also the fi	ere an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the fill for the fill in the fil	, 19
17. INFORMANT Christian Specify whather Injury occurred in INDUSTRY, In HDME, or In PUB	and State) BLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Jugashin Md Date Aug 11, 1935 Manner of injury	
19. UNDERTAKER I A STATE OF SOURCE 24. Was disease or injury in any way related to occupation of decease (Address)	
20. FILED Ling [1, 1935] IP. Montford Walter (Signed) & Oll (Address) (Address)	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	j/	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
H SHEERIL V. S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	prilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 8 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	11		
Other contributory c	auses of importance:	4	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			•	

C	
OR BINDING	
9	
FOR	
_	
RESERVED	
R	
SE	
RE	
MARGIN	
AF	
Z	

CORD.

PERMANENT

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH plnous Registration Dist. No. No. ____St., _____St., ____St. | St., _____St. | St., _____St. | St., _____St. | St., ____St. | St., ____St., __St., ___St. | St., ____St., __St., ___St., __St., __S O Length of residence in city or town where death occurred LD_vrs. How long in U. S. If of foreign birth? _______ yrs. _____ mos_____ ds. statement PHYSICIAN If U.S. Veteran specify WAR..... (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) stated EXACTL (Month) (Day) (Year) 5a. If merried, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end yeer) properly 7. AGE Years Months If LESS than 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.---OCCUPATION 9. Industry or business in which work was done, es SILK MILL, AGE should may back SAW MILL, BANK, etc 10. Date deceesed last worked at 11. Totel time (yeers) no this occupation (month end spent in this that occupetion ___. instructions 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms. FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) should be carefully What test confirmed diegnosis?_____ Wes there en autopsy?____ MOTHER important. 15. MAIDEN NAME 23, If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19_____ DEATH 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. very (Address) OF 18, BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation LION 24. Was disease or injury in eny wey related to occupation of deceesed?_ (Address) if so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 105	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
	QEP (

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

20. FILED Assa 7.

See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09193
1. PLACE OF DEATH	
	Parietzation Diat. No. 1313.3
County Willowilla	Registration Dist. No.
Village or City Dales bury Md. len	f deathy occurred in a hospital or institution, give its NAME/instead of street and number)
Length of residence in city or town where deally occurredyrs,mos	//
2. FULL NAME Tingle Laura	If U.S. Veteran apecify WAR.
(a) Residence: No. Bealin	St. Ward. Masuland
(a) Residence: No. (Usual place of abode)	If nonresident give city or toyn and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Temple Cul. Single	21. DATE OF DEATH Grant H. 193 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
L. 14 191	i lest saw her elive on arearst 14, 1925; deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Deys tf LESS than	to have occurred on the date stated above, at
/ 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
	were as follows: Date of onest Date of onest
Solution of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spent in this	7/25/21
9. Industry or business in which work wes done, as SILK MILL,	11-4/+00
SAW MILL, BANK, etc.	-
year) occupation	Other Centributory Causes of importance:
12. BIRTHPLACE (city or town)	Such nieflictes 2 miles
(State or country) uneglio to flet	
13. NAME James Ingle	
13. NAME James Jungle 14. BIRTHPLAGE (city or town)	Name of operation of the standard Date of Date of
(otate of country) of the country of	Whet test confirmed diegnosis? Chambers Was there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) filf in also the following:
6 16. BIRTHPLACE (city or town) Defragan	Accident, suicide, or homicide?Date of injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jenniela Peneral Hapital	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Dala Burge Md. 18. BURIAL, CREMATION, OR REMOVAL	
Place St James Est Date aug 7, 1935	Menner of injury
1 1000	Nature of injury
19. UNDERTAKER Durydge.	24. Was disease or injury in eny way related to occupation of deceased?
(Address) (Selling fift)	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 6 1933	July 5, 1927		3 days ago
BUREAU V. S.			
Other contributory causes of importance:	11-2-12-12-12	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	304.0		

2 /	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
This	men was sighteled with hunbring evenis; would
James 15	- Mariany

m

STATE OF MADVI AND CEDTIFICATE OF DEATH

STATE OF WARTLAND	D-CERTIFICATE OF DEATH	40104
1. PLACE OF DEATH	(1)9)	42 0 0
County//lelonnelo,	Registration Dist. No	333
Village or City Salishing Md.	No. 1-15. Hospertal	St. 13 Ward
1/ 7	(If death occurred in a hospital or institution, give its NAME instead of s mosds. How long in U.S. if of foreign birth?yrs.	otreet and number) mosds.
O J		

	esidence: No.	-	(Usual place	
essa essa	4. COLOR	O RASE	5. SINGLE, MAR	RIED, WIDOWED, (write the word)
(or) WIFE	of		0	
. DATE OF B	Yaars	Months	Days 80	If LESS than 1 day,hrs.

10. Data deceased last worked at

14. BIRTHPLACE (city or town (State or country)

16. BIRTHPLACE (city or town) (Stata or country)

12. BIRTHPLACE (city or tow (Stata or country)

15. MAIDEN NAME

FATHER

MOTHER

TION

17. INFORMAN

this occupation (month and

e PRINCIPAL CAUSE OF DEATH and related causes of importance	
re as follows:	1
10,00	
Cholina Infaulum	T
her Contributory Causes of Importance:	-
Exhaustion follow some	9
(schauser you)	

MEDICAL CERTIFICATE OF DEATH

(Montl

If nonresident give city or town and State

That I attended deceased from

ata of onsat

occupation _____

11. Total time (yaars) spent in this

What test confirmed diagnosis? 23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?_____

Whera did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

DATE OF DEATH

have occurred on the data stated above.

Manner of injury

Nature of injury.

24. Was diseasa or injury in any way related to occupation of deceased? If so, specify

(Address) _

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SFL	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

PHYSICIANS should state RD. Every item of infor-

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

N. B.-WRITE PL.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09195
1. PLACE OF DEATH	
County Microsico	Registration Dist. No. // 336
Village or City of le lane	No. St., Ward
Length of residence in city or town where death occurred Scyrs mos 2. FULL NAME Called Company (a) Residence: No. Cast Street Alexander (b) Street	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Jointh) (Day) (Year)
(or) WIFE of Benjamin Suspin	22. HEREBYCERTIFY, That I attended deceased from 19.35, to hung 1. 19.35.
6. DATE OF BIRTH (month, daf, and yeer) May 24 1860 7. AGR Years Months Days If LESS then 1 day,	to have occurred on the date steted ebove, et 1.2.2.7 m. The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decesed lest worked et this occupation (month end yeer) 11. Total time (yeers) spant in this occupation	Carcinous of bladder Il me
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Delawal 2 13. NAME Marks James	Drine Coma 2dy
13. NAME Marke James 14. BIRTHPEACE (city or town) (Stete or country) A Delaware	Name of operation Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diagnosis?
17. INFORMANT Clarence Surfice (Address) Loubras Leuf	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Lengs Cera Date Que 13, 1935	Manner of Injury Neture of Injury
19. UNDERTAKER Will S. Maril (Addiess) Kelman, Leif.	24. Was diseese or injury in any wey related to occupation of deceesed? 20
20. FILED 10 . 193,5 Harry & Hudson	(Signed) Attynch M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

٨	infor-
1	of
	item
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
	RD.
	5
	RE
	H
S	E
D	3
Z	RN
M	PE
MARGIN RESERVED FOR BINDING	4
H	15
E D	HIS
	L
臣	IK.
ESS	A
出	NG
Z	DI
RG	IFA
A	5
A	H
	LIA
	r,
	H
	AI
	PL
	LE
	RI
0, 1	M-
N.	m
, N	ż

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

()	0	1	()	1
U	9	I	J	#

1. PLACE OF DEATH		
County Wicomico		Registration Dist. No. 330
Village or City Mardela Spi	rings	No. St., Ward
Langth of residence in situ or town where do at		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
777 4 = a b a d	th Waller	yisyssmosas,
2. FULL NAME E11Z806	on waller	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Femal 6. color or race 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Eugust 3 T935 193 (Month) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Sing.	Le	22. QUELERY CERTIFY, That I attended deceased from
	C TOTA	I last saw have alive on June 30 , 1930; death is said
6. DATE OF BIRTH (month, day, and year) Nay 7. AGE Years Months	6. 1934 Days If LESS than	to have occurred on the date stated above. at 3.0 m
I 2	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	29 ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		malmulation: duration win
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end		entire life and B.
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Wigom:	.co	Other Contributory Causes of Importance: Ocute diarrhosal: secret garly wants
I STATE OF LINE	Ler	1925 ewler
	yland	Name of secretion
I4. BIRTHPLACE (city or town)		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lillian	Standford	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lillian (Accident, suicide, or homicide?
(State or country)	t-J-#441M	Where did injury occur?
17. INFORMANT William H. Wa	ller orings, R.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF BEMOVAL Barre		Manner of injury
W.D.Gravenor & Bro, 19. UNDERTAKER Sharptown Md.		24. Was disease or injury in any wey related to occupation of deceased?
20. FILEGULY 4 , 1935 JANA	Crus Louigh Registrar.	(Signed) Leven P Men M. D. (Address) Solid Any Mg
V If more blan	ks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	-,	Example II	
	death and related causes follows:		of importance were as follows:	Date of onset
Arteriosclerosis	050 8	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

	infor-	state
)	item of	plnods
	Every i	CIANS
	RECORD.	PHYSI
MANGIN RESERVED FOR DINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOF	IS A]	stated
TT A VET	W-THIS	should be
DEAL N	DING IL	AGE
TO UNIT	[UNFA]	supplied.
	Y, WITH	arefully
	LAIML	ald be c
•	-WRITE P	mation shor
	N. B.	(

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09197
1. PLACE OF DEATH	59
County Miconico	Registration Dist. No. 333
Village or City Arlishung	No. Rening alg Haskilal St. 13 Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
77. 51 V	nos/_Uds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME / MATTER SACRO	
(a) Residence: No. Allumbla A (Usual place of abode)	St., 16 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male This OR DIVORCED (write the word)	Mug. 7/ 1935,
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of Cor) Wife of Charles	22. I HEREBY CERTIFY, That I attended daceased from
(1. 1. 10 m/	- 193 C, to Can 2 1 19 3 3 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	liast saw have alive on 1950; death is said
7. AGE Years Months Days If LESS than 1 day,hi	to have occurred on the date stated above, at
Trade, profassion, or particular	were as follows:
SAWYER, BODKKEEPER, etc.	Comerce Therenha e duy 13:31
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	Suble Melliter derten
- the occapation (mouth and) M 34 1/ Shell in fills 9/1/1/	1 Jappenlemen When
year) occupation	Dther Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME /leasy halses 14. BIRTHPLACE (city or town) / f. f.	
14. BIRTHPLACE (city or town) + Haustand	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
II	23. If death was due to external causes (VIOL ENCE) fill In also the following:
State or country)	Accident, suicide, or homicide?
m. Oh C	Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in Product, in Nome, or in Poblic Place,
18. BURIAL, CREMATION, OF REMOVAL PLAN OF SILVER	Mannar of injury
Place Stutolor 9,114 Data 0,173/33, 19	Natura of injury
19. UNDERTAKER I be I bill a Johnson Co.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Andrahud And.	if so, specify
20. FILED ang 23, 35-1 V. May Jun	(Signad) M. D.
Registrar.	(Address) Daluly mo
If more blanks are needed, address State Registr.	17. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis E C E I V E D	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 6 1935	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
--	------------	-------	-----	---------	------------	---------------	-----------

PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

properly classified.

certificate.

of OCCUPA.

Exact statement

-WRITE PLA

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	9	1	0	V
U	U	1	4	0

1. PLACE OF DEATH	164 7 7 7
County My Description	Registration Dist. No. 333
Village or City Sklishury	No. East Cander St., 9 Ward
2/1 /	(If death occurred in a horpital or institution, give its NAME instead of street and humber) nosds. How fong In U.S. If of foreign birth?yrsmosds.
2. FULL NAME CLARENCE: St. St.	alxai
1 1 A Ma	Carrie Ca
(a) Residence: No. (l/l) (Usual place of abode)	listury, Mid. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
The way The work	, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) Nach, 7, 1887.	I last saw h alive on
7. AGE Years Months Oays If LESS than 1 day,hi	to have occurred on the date stated above, at the principal CAUSE OF DEATH and related causes of importance
h a Trade posterior of patients	were as follows:
8. Trede, profession, of particular / kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Albraining Ton Corner
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his occupation (month and	7,00000
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 8/8/35) 11. Total time (years) spent in this year) occupation occupation.	SS-V-(-)
n C	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Carried J. Belealton	
13. NAME Caried J. Delealorn 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Knie) -SI aydelotte	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (MML) SI Cupdelatte 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LAYS U. Stacken,	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Adjusting M. A. 18. BURIAL, CREMATION, OR REMOVAL	Manager of Indiana
Place tusing Ceneley, Salisbary 8/16/35,19	Menner of injury
The Wills Ortages Co.	24. Was disease or minds in any way related to be cupation of deceased?
19. UNDERTAKER A LALLE A TAMES CO.	If so, specify
20. FILEO ang 16,19 33-1 & may Jun	ier (Signed) My you Willy Hilly Do
Registrar.	ar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

						Wai I number)				
	Length of res	idence in cit	y or town where	death occurred	yr:	smos	ds. How long In U.S. N	of foreign birth?	yrs	mos
2	FULL NA	ME X	baby	Jes.	1/10	ams				
	(a) Resider	ice: No		(Usual pla	ce of aboo	de)	St., Ward.	If nonresident g	ive city or town an	id State
	PERSON	IAL AN	D STATIST	ICAL PAR	TICUL	ARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH	Worth)	20 / (Day)	, 1935 (Year)					
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY. That I attended deceased			d deceased f				
c r	OATE OF BIRTH	(month day	and year	ana	20	1935.	I last saw har alive on	8/20	, 193	; death is
7. A	GE Ye	ars	Months	Days	l da	f LESS than ay, hrs.	to have occurred on the date sto The PRINCIPAL CAUSE OF DE were as follows:			1
- 1	8. Trade, profe kind of SAWYER	ssion, or na	rticuler es SPINNER, PER, etc		, 01_		Preca	tur du	efact	Date of on
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et 11. Total time (years) this occupation (month and			-	(7 mi	~),					
00		sed lest wor pation (mor	nth and	5	al time (yespent in the spent in the secupation	his	Other Contributory Causes of in	nnortance		
12. BIRTHPLACE (city or town) may y y land. (State or country)				reaters	ual)_					
ER	13. NAME	m.	lind	liam?	S		3.			
14. BIRTHPLACE (city or town) new castle, ga.			Name of operation			1				
2	15-MAIDEN N	AMEON .	ic. ×	siler	0 .		23. If death was due to externel			
15. MAIDEN NAMEONICE TUSTICE 16. BIRTHPLACE (city or town) Salisbur md. (State or country)				, 19						
17.	INFORMANT	Men	list.	liams	ide	711	Specify whether injury occurred	(Specify city or	town, county and S ME, or in PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION OF REMOVER ELLES TO THE STATE OF TH			Manner of Injury							
19.	UNDERTAKER - (Address)	Sai	المنا		δ.		24. Was disease or injury in any	way related to occupa	tion of deceased?	200
20	FILED Qu		aylen	0.11	ay J	ume	(Signed) (Address)	Delast	eur	and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis SEP 6 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis Cerebral hemorrhage SURFALL V. S.	July 5,1927	Run over by street car Peritonitis	1 week ago 1 week ago 3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: **Gastroenteritis**	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Mann

BINDING

FOR

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVE		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Comban home when a series SEP 4 1935	1921	Run over by street car	1 week ago
Cereoral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributes of its	
C 22 -	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

certificate.

of

back

On

instructions

See

important.

very

2

LION

mation

V. S. No.

state infor-

jo pluods

item

OCCUPA-

jo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 8 1935	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	